Commonwealth of Kentucky • Department of Insurance • 215 West Main Street • P.O. Box 517 • Frankfort, KY 40602
502-564-6082 • FAX 502-564-6072

KENTUCKY SURPLUS LINES INSURER INFORMATION SHEET

COMPANY NAME: _____

DBA NAME (if applicable): _____

FEIN/ALIEN NUMBER: _____ NAIC Number: _____ NAIC Group: _____

DOMICILE COUNTRY: _____ DOMICILE PROVINCE/STATE: _____

DATE OF INCORPORATION: _____

INTERNET ADDRESS: _____

PRESIDENT: _____

STATUTORY HOME OFFICE:

Street: _____

_____

City: _____ State: ___ Zip Code: _____

Telephone No.: _____

U.S. REPRESENTATIVE (if applicable):

Name: _____

Street: _____

_____

City: _____ State: ___ Zip Code: _____

Telephone No.: _____

MAILING ADDRESS:

Street: _____

_____

City: _____ State: ___ Zip Code: _____

Telephone No.: _____

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ANNUAL STATEMENT CONTACT:

Name: _____

Street: _____

_____

City: _____ State: ___ Zip Code: _____

Telephone No.: _____

E-mail Address: _____

The undersigned understands and agrees that any change to the information above shall require immediate notice to the Commissioner, Department of Insurance by completion and submission of this form to the Financial Standards & Examination Division, Kentucky Department of Insurance, P. O. Box 517, Frankfort, Kentucky 40602-0517.

This, the _____ day of _____, 20_____.

_____
President

_____
Secretary